



# YOUTH MENTOR PROGRAM

Registration Form – O.K.R.A. Recreation Day Camp – SUMMER 2018

Application Deadline: MAY 4, 2018 -5PM

Youth Mentors™ at OKRA Kids Camp are an important aspect to this camp. These individuals assist camp instructors with teaching, logistics, and group dynamic. Youth mentors are treated as part of the OKRA Camp staff and given instruction, direction, and guidance from their group leader. They are expected to be at camp everyday on time and be a role model for the age-group participants they are working with.

This year we have 12 open positions for youth mentors. Youth mentors will be selected by a committee who will review their application packet. Once applications are reviewed, a selected number of applicants may be called in for an interview in front of the committee. Recipients will be notified by May 11, 2018, as to whether they were selected or not.

### Youth mentors must:

- be 11 – 15 years of age.
- Have participated in OKRA camp a minimum of 3 years.
- Have excellent communication skills.
- Be a role model and leader of sportsmanship, sport ethics, and sport values.
- Be knowledgeable in sport and recreation skills – archery, BB shooting, soccer, basketball, etc.
- Be kind and considerate to youth and youth learning.
- Be respectful to staff, youth participants, and themselves.
- Take this opportunity seriously and behave accordingly.

**Youth mentors MUST be at a mandatory training program on Saturday, May 26: 10am-12pm. (Non-negotiable)**

To apply for a youth mentor position, please provide the information as requested below and answer the supplemental questions. Email form and questions to [tdavis@deltastate.edu](mailto:tdavis@deltastate.edu) -or- fax: 662.846.4571 -or- hand-deliver to Forest E. Wyatt Center for HPER addressed to Dr. Todd Davis.

**Application Deadline: MAY 4, 2018 -5PM**

Mentor Name \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_

Entering Grade \_\_\_\_\_ Age \_\_\_\_\_ Number of Times Attended OKRA Camp \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email(s): \_\_\_\_\_

**Supplemental Questions (PLEASE HAVE MENTOR ANSWER ON SEPARATE PAGE  
WITH AT LEAST 2-3 PARAGRAPHS PER QUESTION - TYPED)**

- (1). Why do you want to be a youth mentor at OKRA Kids Camp?
- (2). What do you feel is your strongest contribution to OKRA Kids Camp?
- (3). If you had your choice, what age group would you like to work with? Why?
- (4). If you saw a child in your group kick another group member while playing soccer on purpose, how would you handle this situation – explain clearly the steps you take and why.
- (5) What do you think the overall purpose is of OKRA Kids Camp for youth?

**Confirmation of Understanding**

**As a parent/guardian**, I agree to all of the below. Please initial each line and sign below.

\_\_\_\_\_ I understand that if my child misbehaves, immediate dismissal will occur, and I will be required to pick my child up immediately.

\_\_\_\_\_ I understand that action photographs will be taken at camp which my child may be in those photos during activities.

\_\_\_\_\_ I further give permission and consent that all such photographs may be published and used by O.K.R.A. Camp and Delta State University and BC/BS and affiliates, to illustrate and promote the camp experience, O.K.R.A. Kids Camp and DSU camp programs, or Delta State University.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

**Waiver and Release of Liability**

DELTA STATE UNIVERSITY (INCLUDING ITS AGENTS AND EMPLOYEES) (THE "UNIVERSITY") IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY, DEATH OR LOSS OF PROPERTY YOU SUFFER WHILE PARTICIPATING IN THE DELTA STATE UNIVERSITY RECREATION OUTDOOR RECREATION PROGRAM. In consideration of my participation, I, in advance and by my signature below, release, waive, forever discharge, and covenant not to sue or otherwise file any formal claim against Delta State University, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted, and from any present and future claims of any type.

I, \_\_\_\_\_ as the PARENT/GUARDIAN  
(Parent/Guardian)

agree to allow:

\_\_\_\_\_  
(Mentor full legal name)

to be a **willing youth mentor** in O.K.R.A. Summer Day Camp and **ensure** my child will act in a responsible / safe manner under direction of OKRA personnel while at the DSU O.K.R.A. Camp and while traveling to and from the activity sites.

**Please initial each line before each paragraph after the paragraph is read and understood.**

\_\_\_\_\_ I understand that my child may be exposed to risks and hazards inherent to the aforementioned activity and that there are dangers involved that cannot be fully foreseen or controlled by Delta State University and the HPER Division and Outdoor Recreation department. I acknowledge that no one can warn me of all of the dangers associated with the aforementioned activity and that the responsibility is upon me to investigate any activity, hazard, or thing which may be dangerous or that I do not understand. By signing below, I agree that my child will follow all instructions and guidelines at all times for everyone's safety, and willingly assume the risks and responsibilities that are involved in order to participate in this activity.

\_\_\_\_\_ I agree that my signature denotes my child's affirmation to abide by all state, local and federal laws as well as the DSU Code of Student Conduct, DSU policies and procedures, and any applicable rules, regulations, policies and procedures of the host agents/agencies.

\_\_\_\_\_ I understand that I am solely responsible for assessing whether my child's skills, equipment and level of physical and mental fitness are adequate for participation for this activity. I represent that I have full knowledge of my child's skills, equipment and level of physical and mental fitness necessary for participation on this trip and that I meet or exceed these requirements.

\_\_\_\_\_ I understand the outdoor recreation activities may be **physically and emotionally challenging. I assume the risks of my child's personal injury, vehicle accidents traveling to and from the activity sites, accidents and/or illness, including but not limited to sprains, strains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, drowning and/or oxygen shortage; exposure or weather-related**

**conditions; heat and cold injuries; head, neck and/or spinal injuries; bite or attack by animal, insect, or marine life; allergic reaction; shock, myocardial infarctions, paralysis or death; and serious injury or impairment to other aspects of my body and general health and wellbeing. I understand that equipment may fail, and such failure could contribute to my injury or death. I understand that the aforementioned list of possible hazards and risks is not inclusive. My participation in this camp is completely voluntary and is undertaken in spite of the hazards and risks involved.**

\_\_\_\_\_ I give permission for the activity leaders to seek emergency medical, rescue or evacuation services for me should my child become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that Delta State University and/or DSU Outdoor Recreation and/or the Division of HPER do NOT provide any medical insurance coverage for my child while participating in this activity. I also realize that my child/children be attended to by the activity leaders until medical care is available. I understand and agree that Releasees will not have medical personnel available during the activity. I understand and agree that Releasees, including Delta State University personnel and representatives, are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any costs, expenses, injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

\_\_\_\_\_ It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant not to sue (or otherwise file any formal claim against) the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in this Camp.

\_\_\_\_\_ In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that Delta State University does not require me to participate in this activity but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of sickness or injury to me and that Releasees shall have no responsibility for the payment of same. I further agree that this Release shall be construed in accordance with the laws of the State of Mississippi. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

Date Signed

Print Full Legal Name \_\_\_\_\_